

**FACILITY STAFFING TERMS AND CONDITIONS
BETWEEN
FIRST CHOICE MEDICAL STAFFING OF OHIO, INC.
AND**

The City of Lakewood, Ohio

Whereas, from time to time, the FACILITY may require supplemental professional and Para professional personnel to provide nursing and ancillary services to their FACILITY and First Choice Medical Staffing (FCMS) has the necessary personnel to provide said service under the terms and conditions herein provided, *and as further described in the Facilities Request for Proposal, attached as exhibit A.* *JS*

The parties agree that FCMS shall supply professionals and Para professional personnel subject to availability and FACILITY designation of required personnel.

Competency/Credentialing Requirements

FCMS shall screen all professionals and Para professionals via in person interview, collection of two (2) professional references, written examination, competency check list and complete compliance with S.B. 160 / S.B 38. Professionals and Para professionals will have a completed O.I.G. report, verified license/registry numbers and will be in good standing in the State of Ohio. All professionals and Para professionals shall have current CPR and as required ACLS current status. FCMS shall meet or exceed the JCAHO (Joint Commission on Accreditation of Health Care Organizations) standards for the credentialing of their employees.

FCMS will have evidence of a pre-employment drug screening, an annual physical, Mantoux or negative chest X-Ray, Hepatitis B and additional immunization/vaccination documents as required by Federal or State requirements. A Mandate Compliance document shall be forwarded via fax to the facility prior to the initial assignment verifying current status of all requirements.

FCMS professionals and Para professionals shall receive appropriate continuing education, in-services and training which will include but is not limited to universal HIPPA training precautions, patient rights and additional topics relevant to acute and long term care.

Subcontractor

FCMS shall not at any time during the duration of this agreement utilized subcontractors on any assignment at the FACILITY.

Floating/Reassignment

FCMS agrees that the FACILITY may float or reassign FCMS employee to another unit, floor or position, within the FACILITY or another FACILITY if the following is true; FCMS employee is credentialed by FCMS or licensed for the unit/position FACILITY is attempting to fill, employee

has been or can be oriented to the position and/or FACILITY prior to their being required to work that position or FACILITY, FCMS employee agrees to the reassignment.

Employee/Independent Contracts

FCMS shall be the employer of all professionals and Para professionals assigned to the FACILITY and the employees shall be considered employees of FCMS. FCMS shall assume sole and exclusive responsibility for the payment of wages and respective Federal, State, and Local taxes for the employees.

Workers Compensation/Liability Insurance

Workers' Compensation shall be maintained as determined by the State of Ohio. FCMS shall provide bonding and general liability in the amount of \$1,000,000.00/\$3,000,000.00 per aggregate with the FACILITY named as additional insured.

Billing

Cancellation by FACILITY must be two (2) hours prior to the requested assignment. In the event that the FACILITY cancels the assignment less than two (2) hours, the FACILITY shall be invoiced for four (4) hours or one half (1/2) of the requested shift at the prevailing rate for the employee canceled.

Service week shall commence with the first shift on Monday morning and ends with the completion of the night shift on Sunday. Time slips must be signed by the FACILITY designee and all terms on the time slip shall be binding upon the FACILITY and FCMS. FCMS shall bill overtime. Overtime will be billed at time and on-half the regular rate for all hours over forty (40) hours per week (as mandated by applicable Ohio state law).

Holidays will be billed at time and one-half the regular rate:

Memorial Day	7-3	3-11	11-7
Easter Sunday	7-3	3-11	11-7
July 4 th	7-3	3-11	11-7
Labor Day	7-3	3-11	11-7
Thanksgiving Day	7-3	3-11	11-7
Christmas Eve		3-11	11-7
Christmas Day	7-3	3-11	11-7
New Year's Eve	7-3	3-11	11-7
New Year's Day		3-11	11-7

Direct Hire

There shall be no provision for direct hire of a FCMS employee unless the following conditions are met. The FACILITY may choose one of two options for direct hire. Immediate payment of a placement fee equal to ninety (90) days of the rate applicable to the employee or employee shall be retained as a FCMS employee under a short term agreement for a term of twelve (12) weeks from date of notification of intent. Upon completion of either option, FCMS shall release FACILITY from all liability for direct hire.

Incident Tracking

FCMS shall use best effort to assign employees who have met all professional credentials, however, in the event a FCMS employee is found to be negligent, incompetent, or engages in misconduct, the FACILITY shall have the sole discretion to terminate the assignment. The FACILITY must inform FCMS verbally of said termination of assignment and must within twenty-four (24) hours supply all documentation to FCMS for investigation and resolution. The FACILITY shall be notified of all additional documentation of incident and the employee response. FCMS follow the ODH and JCAHO guidelines for resolution of incidents. The FACILITY, upon rendering of documentation, shall have the sole right to place any FCMS employee on a DNR (Do Not Return) status to the FACILITY.

Invoices

FCMS Invoice shall be rendered on a weekly basis to the FACILITY. Invoices shall be paid on a net thirty (30) basis. The schedule of rates attached shall prevail. Invoices not paid on the thirty (30) day basis shall be subject to a one and one half (1 ½) percent service not to exceed eighteen (18) percent per annum. Interest accrual shall commence on the thirty first (31) day and shall apply to all outstanding prior to this agreement.

HIPPA

FCMS and their respective employees shall be exposed to confidential information including but not limited to FACILITY policies and patient records. FCMS shall insure that confidentiality is strictly observed by all employees. FACILITY shall have immediate termination rights, in the event of any breach of confidentiality.

Discrimination

FCMS and FACILITY shall comply with the Civil Rights Act of 1964 and amendments providing that no person shall on the grounds of race, color, creed, national origin, age, sex, or handicap, be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination as a result of this contract.

Termination of Agreement

This agreement may be terminated with or without cause by either the FACILITY or FCMS upon rendering thirty (30) day written notice of intent to terminate to the requesting parties principle address. Notice shall be affected by personal delivery or Certified U.S. Mail.

This agreement cannot be assigned without the prior written consent of both parties. Neither party shall modify or amend this contract excepted in a dated modification signed and dated by both parties. The failure or delay of either party to exercise any right, power or privilege under this agreement shall not operate as a waiver of any such rights, power or privilege. If any provision of this agreement is found to be void or illegal for any reason, the remaining provisions shall continue in full force and effect for the full term of this agreement.

This agreement shall be interpreted and enforced in accordance with the laws of the State of Ohio. This agreement constitutes the entire agreement between the parties and supersedes and replaces any prior written or oral agreements with regard to the subject matter contained herein. The parties do not intend that individuals receiving services pursuant to this agreement occupy the position of third party beneficiary to the agreement.

ACKNOWLEDGED AND AGREED TO:

ACKNOWLEDGED AND AGREED TO:

First Choice Medical Staffing of Ohio, Inc.
1457 West 117th Street
Cleveland, Ohio 44107
Phone: 216-521-2222
Fax: 216-521-2220

BY: Kim E. Smith
NAME: Kim E. Smith
TITLE: Purchasing Mgr.
DATE: Jan. 9, 2018

BY: Christopher Staben
NAME: Christopher Staben
TITLE: President
DATE: 1/8/2018

Approved As To Legal Form:
Kimberly W. Sevelius
Director of Law, City of Lakewood

NURSING

Rate Schedule

WEEKDAYS:	Days (1 st)	Evenings (2 nd)	Nights (3 rd)
Monday – Friday	7:00 AM – 3:30 PM	3:00 PM – 11:30 PM	11:00 PM – 7:30 PM
Registered Nurse (RN)	\$42.50	\$42.50	\$42.50
Licensed Nurse (LPN)	\$34.00	\$34.00	\$34.00
STNA	\$19.00	\$19.00	\$19.00
WEEKENDS:	Days (1 st)	Evenings (2 nd)	Nights (3 rd)
Friday @ 3:00 PM – Monday @ 7:30 AM	7:00 AM – 3:30 PM	3:00 PM – 11:30 PM	11:00 PM – 7:30 PM
Registered Nurse (RN)	\$42.50	\$42.50	\$42.50
Licensed Nurse (LPN)	\$34.00	\$34.00	\$34.00
STNA	\$19.00	\$19.00	\$19.00

* Additional \$2.00 per hour for Supervisor

* Additional \$3.00 per hour for Supervisor with Team

CANCELLATIONS

1. CLIENT has the right to cancel any scheduled short-term assignment two (2) hours prior to the start of the shift. Shifts canceled after this time period will be billed for two (2) hours.
2. When CLIENT places shift orders less than two (2) hours prior to the start of a shift the scheduled Healthcare Associate is late as a result, the full shift will be billed.
3. If Healthcare Associate begins a shift and is sent home for any reason other than unsatisfactory performance, the entire shift will be billed.

PROVISION FOR DIRECT HIRE

First Choice Medical Staffing considers it a compliment when a client would like to transfer one of our Healthcare Associates to its company payroll. First Choice Medical Staffing has incurred considerable expense to advertise, recruit, interview, evaluate, reference check and supervise its employees. As a result, CLIENT will take no steps to recruit as its own employees those Healthcare Associates provided by First Choice Medical Staffing under this service proposal.

CITY OF LAKEWOOD, OHIO REQUEST FOR PROPOSAL

Exhibit 'A'

PRISONER MEDICAL SERVICES RFP No. 17-009

The City of Lakewood, Ohio (City) is soliciting proposals from qualified medical organizations to provide Prisoner Medical Services for the City Jail. The contract period will be for one (1) year, effective January 1, 2018 through December 31, 2018 and includes two (2) additional one-year renewal options by mutual agreement of both parties.

I. Scope of Services

Contractor shall provide cost effective, quality health care services to inmates, to include, but not limited to: reviewing medical information; providing triage to inmates and coordinating transportation to appropriate facility; providing medication sheets to staff; changing dressings; administering medications; providing training to jail staff; participating in jail inspections; ordering special diets; and ordering supplies, coordinating services with other providers, arranging for appointments (medical/dental/etc.) assess prisoners on administrative segregation and suicide watch for return to general population.

A. General

Medical provider shall follow the guidelines as set forth in the *Minimum Standards for Jails* in Ohio.

1. Provider shall review the completed medical, dental and mental health receiving screening forms on each prisoner upon arrival at the jail. Findings shall be recorded on the form for this purpose. The receiving screening includes at a minimum, the following:
 - a) Inquiry into:
 - 1) Current illness and health problems;
 - 2) Dental problems;
 - 3) Mental health problems;
 - 4) Use of alcohol & drugs including types, amounts and frequency used, date or time of last use and history of any problems after ceasing use;
 - 5) Past and present treatment for hospitalization for mental disturbances or suicidal ideation;
 - 6) Possibility of pregnancy;
 - 7) Or any other health problems designated by jail physician.
 - b) Observation of:
 - 1) Behavior including state of consciousness, mental health status, appearance, conduct, tremor and sweating;
 - 2) Body deformities and ease of movement;
 - 3) Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations and needle marks or other indications of drug abuse.

CITY OF LAKEWOOD, OHIO REQUEST FOR PROPOSAL

PRISONER MEDICAL SERVICES RFP No. 17-009

- c) Perform laboratory and/or diagnostic test as needed for:
 - 1) tuberculosis and any other suspected communicable diseases;
 - 2) Record heights, weight, pulse, blood pressure, temperature of an inmate examined by the health care provider.
 - d) Proper management of pharmaceuticals and address the following:
 - 1) Placement or obtainment of physician order;
 - 2) Procedures for medication ordering, receipt, storage, accountability for dispensing and administration such as documentation and/or tracking;
 - 3) Dispensing of medication according to physician's orders in conformance with federal and state laws.
 - e) Prisoners evidencing signs of mental illness or developmental disability shall be referred immediately to qualified mental health personnel.
 - f) Work in conjunction with Division of Police to identify and respond to suicidal prisoners.
 - g) Keep emergency medical equipment and supplies available at all times, inventoried, and replenished as needed.
2. Provider to work with community physicians or physicians from nearest available and appropriate medical facility to obtain orders to cover necessary medical, dental, mental health care for prisoners.
3. Provider must maintain confidential medical record on each prisoner receiving treatment.
- B. Contractor to provide the following:
- 1. A qualified registered nurse who is licensed by the State of Ohio shall provide a two-to-three hour block of time on a daily basis, depending on the needs of the Division of Police.
 - a) Work shall be performed seven (7) days a week.
 - b) Contractor shall provide direct supervision to staff providing medical services.
 - c) Arrival and departure time shall be accounted for by an appropriate system for employee providing medical services.
 - 1) Time sheets shall accompany invoices submitted to City.
 - 2) Invoices shall reflect services performed.
 - d) Employee providing medical services shall sign affidavit that they have been made aware of all HIPPA regulations.

CITY OF LAKEWOOD, OHIO REQUEST FOR PROPOSAL

PRISONER MEDICAL SERVICES RFP No. 17-009

- e) Contractor shall provide fingerprint, drug screen, background and OSHA testing for employee providing medical services to the City. No employee who has been convicted of a felony may work within the Division of Police.
- 2. Submit a monthly report with comprehensive description of services performed during the month detailing the following:
 - a) Number of inmates seen.
 - b) List of all medications administered/prescribed.
 - c) List of inmates referred to outside medical facility (ie; hospital) for medical conditions not covered in the jail.

II. Timetable

The contract will be for one (1) year, effective January 1, 2018 through December 31, 2018. The contract is subject to two (2) additional one-year renewals options, by mutual agreement. City reserves the right to cancel contract with thirty (30) days written notice.

III. Proposal Submission Requirements

A. Technical Approach

Contractor shall explain in detail its philosophy, processes and key elements for accomplishing the required services.

B. Firm's Experience

Contractor to provide experience of health care services provided to correction facilities in the State of Ohio. A list of three (3) similar clients and references shall be provided.

C. Key Personnel

Contractor shall identify management, as well as the key personnel who would be assigned to the City for the Prisoner Medical Services, including resumes of assigned individuals.

D. Fee

Proposal submission shall include fee detail of hourly base rate for a seven (7) day work week 2-3 hours per day. Please indicate hourly rate that would be charged in excess of the standard 2-3 hour day. All proposals must be valid for 60 days after submission.

CITY OF LAKEWOOD, OHIO REQUEST FOR PROPOSAL

PRISONER MEDICAL SERVICES RFP No. 17-009

IV. Selection Criteria

All proposals shall be reviewed on the following criteria:

- A. Quality of the proposal and the ability to provide the requested medical services.
- B. Experience of the Provider submitting the proposal, including its employees.
- C. Qualifications of the key personnel assigned to Prisoner Medical Services.
- D. Fee

V. Other Information

- A. One (1) original submission of the proposal shall be received by 5:00 PM on Wednesday, December 6, 2017 by the Division of Purchasing. Proposals or unsolicited amendments to proposals arriving after that time will not be accepted.
- B. Questions regarding proposal requirements should be directed to Captain Gary Stone via email at [**gary.stone@lakewoodoh.net**](mailto:gary.stone@lakewoodoh.net).

The City reserves the right to accept proposals, in whole or in part, and to reject any oral proposals, and to negotiate separately, as necessary, to serve the best interest of the City of Lakewood. The Division of Purchasing will make the notification of award. All proposals must provide straightforward, concise information.

**Complete Proposals are due to the Division of Purchasing by
5:00 PM on Wednesday, December 6, 2017**



Prisoner Medical Services

RFP NO 17-009

Proposal Submission Requirements:

A. Technical Approach

FirstChoice's philosophy is to provide the highest quality of care to all of its clients and facilities by hiring caring, experienced staff, ensuring ongoing communication, and to provide ongoing training and education for our caregivers. We accomplish this by ensuring a full orientation to our processes along with annual reviews. All field staff are communicated with on a weekly basis to ensure the high quality of care that is necessary for our clients.

B. Firm's Experience

FirstChoice Medical Staffing has been providing correctional services for over 10 years in the state of Ohio. References are attached for services performed at the City of Cleveland Jail, The Cleveland House of Corrections and City of Beachwood.

C. Key Personnel (Resumes Attached)

Charles D Slone, Chief Executive Officer
Jean L Teppo, VP of Operations
Karrema Breazeale, Facility Staffing Coordinator
Dodie Crawford Benko, RN

D. Fee

Fee Schedule listed on Attachment 1.



Prisoner Medical Services

RFP NO 17-009

Fee Schedule

Attachment 1

3 day work week

3 days * 2 hours/day at \$42.50/hour = \$255/week

5 day work week

5 days*2 hours/day at \$42.50/hour = \$425/week

All hours that exceed the 2 hour/day will be charged the same rate of \$42.50/each hour.

216-221-4444 Phone
216-521-0950 Fax
800-568-6216 Toll Free
1457 West 117th Street
Cleveland, Ohio 44107
www.rxprn.com

Discrimination and Intimidation

The Contractor hereby agrees:

- I. That in the hiring of employees for the performance of work under the contract or any subcontract, no Contractor, subcontractor, or any person acting on behalf of either, shall, by reason of race, creed, sex, handicap or color, discriminate against any citizen of the State of Ohio in the employment of labor or workers who are qualified and available to perform the work to which the employment relates.
- II. That no Contractor, Subcontractor, nor any person acting on behalf of either shall, in any matter, discriminate against or intimidate any employee hired for the performance of work under the contract on account of race, creed, sex, handicap, or color.

R.C. Sec. 153.59

NON-COLLUSION AFFIDAVIT

State of Ohio,

County of Cuyahoga, SS

Charles D. Slone (the "Affiant"), being first duly sworn according to law states:

1. Individual Only: That the Affiant is an individual doing business under the name of _____ in the City of _____, State of _____;

Partnership Only: That the Affiant is the duly authorized representative of a partnership doing business under the name of

_____ in the City of _____, State of _____;

Corporation Only: That the Affiant is the duly authorized, qualified and acting Executive Director, a corporation organized and existing under the laws of the State of Ohio; and that the Affiant of the partnership or corporation referred to above, as applicable, is filing herewith a bid to the City of Lakewood in conformity with the Contract Documents;

2. Individual Only: Affiant further states that the following is a complete and accurate list of the names and addresses of all persons interested in the contract for which the bid is being filed:

Affiant further states that the following attorneys represent Affiant:

Partnership Only: Affiant further states that the following is a complete and accurate list of the names and addresses of the members of the partnership:

Affiant further states that the following attorneys represent the partnership:

3. Corporation Only: Affiant further states that the following is a complete accurate list of the officers, directors and attorneys of the corporation:

President - Charles D. Slone

Vice President - N/A

Secretary - Charles D. Slone

Treasurer - Charles D. Slone

Attorneys - David Moore

Directors - Charles D. Slone

and that the following officers are dully authorized to execute contracts on behalf of the corporation:

Charles D. Slone

4. Affiant further states that the bid filed herewith is not made in the interest of or on behalf of any undisclosed person, partnership, company, association, organization or corporation; that such bid is genuine and not collusive or a sham; that the Bidder has not directly or indirectly, induced or solicited any other Bidder to file a false or sham bid, and has not, directly or indirectly, colluded, conspired, connived, or agreed with any Bidder or anyone else to file a sham bid or to refrain from bidding; that the Bidder has not in any manner directly or indirectly, sought by agreement, communication or conference with anyone to fix the bid price of the Bidder or of any other Bidder, or to fix any overhead, profit, or cost element of such bid price or that of any other Bidder, or to secure any advantage against the City or anyone interested in the contract for which the bid is filed; that all statements contained in the bid are true; that the Bidder has not directly or indirectly submitted the Bidder's bid price or any breakdown thereof of the contents thereof, or divulged information or data relative thereto, or paid or agreed to pay, directly or indirectly any money, or other valuable consideration for assistance or aid rendered or to be rendered in procuring or attempting to procure the contract above referred to, to any corporation, partnership, company, association, organization, or to any member or agent thereof, or to any other individual, except to such person or persons as herein disclosed to have a partnership or other financial interest with said Bidder; and that the Bidder will not pay or agree to pay, directly or indirectly, any money or other valuable consideration to any corporation, partnership, company, association, organization or to any member or agent thereof, or to any other individual, for aid or assistance in securing the contract above referred to in the event the same is awarded to

FirstChoice Medical Staffing

(Name of Bidder)

Further Affiant says not.

[Signature]

Affiant

Sworn to before me and subscribed in my presence this 29th day of November 2017.

[Signature]

Notary Public





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/29/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher & Co. 8511 South Sam Houston Parkway East, Ste 200 Houston, TX 77075	CONTACT NAME: Erica J. Aldridge	
	PHONE (A/C, NO, EXT): 281.674.1444	FAX (A/C, No): 281.674.1460
INSURED First Choice Home Health dba First Choice Medical Staffing, Inc. 1457 West 117th Street Cleveland, OH 44107	E-MAIL ADDRESS: Erica_Aldridge@ajg.com	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Landmark American Ins. Co	NAIC # 33138
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			LHC765685	09/15/2017	09/15/2018	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$ N/A
	AUTOMOBILE LIABILITY			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident)	\$ N/A
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$ N/A
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$ N/A
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$ N/A
								\$ N/A
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		N/A	N/A	N/A	EACH OCCURRENCE	\$ N/A
	EXCESS LIAB	<input type="checkbox"/> CLAIMS MADE					AGGREGATE	\$ N/A
	DED	RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N		N/A	N/A	N/A	WC STATU-TORY LIMITS	\$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					E.L. EACH ACCIDENT	\$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ N/A
							E.L. DISEASE - POLICY LIMIT	\$ N/A
A	OTHER Medical Prof. Liability			LHC765685	09/15/2017	09/15/2018	Each Claim: \$1,000,000 Aggregate Limit: \$3,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

CERTIFICATE HOLDER**CANCELLATION**CITY OF LAKEWOOD
12650 DETROIT AVE
LAKEWOOD, OH 44107

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
01544186

FIRST MEDICAL STAFFING INC
1457 W 117TH ST
CLEVELAND, OH 44107-5101

www.bwc.ohio.gov
Issued by: WC



Period Specified Below
07/01/2017 to 07/01/2018


Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.

BIDDER QUALIFICATION STATEMENT

Must be submitted with Bid. Failure to comply can result in rejection of Bid.

All questions must be answered and the data given must be clear and comprehensive. If necessary, questions may be answered on separate attached sheets. The Bidder may submit any additional information he desires.

1. Bidder's Name FirstChoice Medical Staffing
Name of Company
1457 W. 117th Street
Business Address (Permanent Main Office)
Cleveland, Ohio 44107
City, State, Zip Code
2. Contact Name (printed): Jean L. Teppo
3. Contact Name Phone No: 216-316-4177
4. Contact Name Email Address: jteppo@rxprn.com
5. Date Business was organized: July / 18 / 1998
6. If bidder is a corporation, indicate where business is incorporated:
State of Ohio
7. Indicate years engaged in contracting business: 19 years
8. General character of work performed by your company:
Staffing of Healthcare Professionals
9. Have you ever failed to complete any work awarded to you?
 Yes ✓ No If yes, indicate where and why:
10. Have you ever defaulted on a contract? Yes ✓ No

Charles D. Slone

12550 Lake Ave #1711-1712
Lakewood, OH 44107

Office 216 521 2222
Cell 216 470 1010

PROFESSIONAL EXPERIENCE

Healthcare Administrator / CEO

2001 to Present – First Choice Home Health-Ohio based company specializing in home health care.
1457 West 117th
Cleveland, OH 44107

Experienced leader in the healthcare profession. Exceptional ability to analyze needs and forecast company goals, identifying and resolving problems, reversing negative sales trends, controlling costs, automating accounting systems, maximizing productivity, and delivering multi-million dollar profit increases. Collaborator and negotiator able to maintain positive relationships with staff and clients.

Areas of Expertise:

Organization
Customer Relationships
Executive Negotiator
Performance Assessments

Government Compliance
Finance and Expense Control
Policy Development

Developing Partnerships
Multi-Site Management
Staff Relations

Executive Director

1998 to present - First Choice Home Medical Staffing

Defined strategy and business plan for growth of our Home Care business in multiple locations. Directed strategic initiatives to achieve growth and increased revenue. Increased census from Zero patients to 406 patients through partnerships with our business development team.

- Conducted thorough and objective referencing, including responsibility for obtaining applicable background checks.
- Provided feedback to hiring or requesting managers based on candidate skills and experience as required by the position.
- Solicited detailed feedback from hiring or requesting managers in order to ensure selection of the most qualified candidates.
- Educated and guided staff assists in recruiting best practices and strategies, legal requirements, and company interviewing guidelines.
- Ensured consistent corporate image throughout recruiting campaigns.

2002 to Present – Owner of Bican Bros Funeral Home/Holan Bican Funeral Home/Bollinger-Bican Funeral Home

2005 to Present - St Augustine Health Ministries –Board of Directors - Treasurer

EDUCATION

1983 – 1987 Xavier University – C.C.M.S. B.S.A.

Notary –State of Ohio

Licensed Funeral Director/Embalmer State of Ohio

Jean L. Teppo

4281 N Forest Ridge Dr ♦ Ashtabula, Ohio 44004 ♦ (440) 228-8476 ♦ jean.teppo@gmail.com

Profile

Motivated, personable business professional with successful years of working in different aspects of Home Health Care. Talent for quickly mastering technology. Diplomatic and tactful with professionals and non-professionals at all levels. Accustomed to handling sensitive, confidential records. Demonstrated history of producing accurate, timely reports meeting stringent guidelines.

Flexible and versatile – able to maintain a sense of humor under pressure. Poised and competent with demonstrated ability to easily transcend cultural differences. Thrive in deadline-driven environments. Excellent team-building skills.

Skills Summary

- | | | |
|---------------------------|----------------------|------------------------------|
| ♦ Project Management | ♦ Microsoft Office – | ♦ HR/Payroll |
| ♦ Report Preparation | Word, Excel, | ♦ Accounting/Bookkeeping |
| ♦ Written Correspondence | PowerPoint and | ♦ Home Health Operations |
| ♦ Assessment Skills | Outlook | ♦ Professional Presentations |
| ♦ Billing and Collections | ♦ Staff Retention & | ♦ Horizon Homecare |
| ♦ Customer Service | Training | Software/McKesson |
| ♦ Business Analytics | ♦ Cash Applications | ♦ Kinnser Software |
| ♦ WebEx Presentations | | ♦ Homecare Homebase |
| | | Software |

Professional Experience

COMMUNICATION: REPORTS/PRESENTATIONS/TECHNOLOGY

- ♦ Prepare reports for management, ensuring full compliance with agency requirements and tight deadlines.
- ♦ Author professional correspondence to customers and vendors.
- ♦ Design and deliver series of in-services and webinars for staff training of policies, processes and procedures
- ♦ Rapidly learn and master varied computer programs.

CUSTOMER SERVICE/PROBLEM SOLVING

- ♦ Oversee front-office operations and provide impeccable customer service:

DETAIL MASTERY & ORGANIZATION

- ♦ Manage all aspects of day-to-day operations for a Home Health Provider
 - Planning, Organizing and directing the delivery of client services for the agency
 - Develops, analyzes and trends agency financial plans/reports for market and meets annual operating budget
 - Clinical Outcome Management
 - Customer Satisfaction
 - Multiple site Management
 - Training and Supervision of staff
 - Compliance with all Medicare/Medicaid, HMO, and Insurance requirements.
 - Working Knowledge of State and Federal Guidelines
 - OSHA Rules and Regulation

Jean L. Teppo

Employment History

First Choice Healthcare Services of Ohio, Inc.
VP of Operations 10/2017 to Present
Director of Corporate Services 07/2016 to 10/2017

INTREPIDUSA HEALTHCARE SERVICES
Regional Business Office Manager, 2013 to 07/2016
Administrator, 2012 -2013
Regional Process Specialist, 2009-2012
Business Office Manager for Ohio Provider,
2002-2012

WHOLE PERSON HOME HEALTH SERVICES
Business Office Manager, 1993-2002

CONNEAUT TELEPHONE COMPANY
Customer Service Representative, 2000-2002

References

Michael McConnell -VP of Operation Absolute Hospice and Skilled Home Health, Inc. 330-417-0373

Edward Newton -CEO Alternative Living Solutions 216-664-6048

Sharen DeNunzio -- Regional Compliance Auditor IntrepidUSA Healthcare Services 440-813-4189

Karrema J. Breazeale

20830 S. Lakeshore Blvd, Euclid Ohio 44123

Cell: 216-299-8917- karr.brea@gmail.com

QUALIFICATIONS

Highly motivated professional, with over 20 years' experience in providing customer service and 16-years in Management in service delivery functions with:

- Administrative operations
- Skilled in building excellent rapport
- Strong leadership skills
- Employee training and development
- Team building
- Highly organized with superior attention to detail
- Excellent time management skills
- Highly reliable and punctual
- Excellent interpersonal and active listening skills
- Ability to coordinate multiple projects at one time
- Proficient in computerized processes, MS Office- Word, Access Excel, Outlook, PowerPoint

PROFESSIONAL EXPERIENCE

October 2015 – Current

First Choice, Cleveland, OH

Facility Staffing Coordinator:

- Supervisor of facility staffing employees
- Review resumes of potential candidates and schedule interviews with appropriate qualified individuals
- Verify candidate's data including background checks and certifications
- Works directly with various medical Directors, Managers, Supervisors, regarding staffing needs for their facilities
- Staffing medical professionals evening, midnight and day shifts according to established guidelines of contract
- Perform marketing outreach for new facility contracts
- Collect, process and enter weekly employee timesheets for payroll and invoicing
- Perform collections on all over due facility invoices

September 2008 – Current

Bed Bath & Beyond, Mayfield, OH

Front End Cashier:

- Greet customers with polite and friendly manner
- Process payments by cash, check, credit card and automatic debit
- In-depth knowledge of handling returns and exchanges of goods
- Balance all transactions at the end of the day for cash reconciliation
- Keep work area clean by utilizing appropriate cleaning standards

November 2014 – February 2015

Everstaff International

Safeguard Properties, Mentor, OH

Lead Generator:

- Nationwide recruiter for general contracts
- Using various website resources

March 2014 – October 2014

Progressive Insurance, Mayfield, OH

- Perform caller verification
- Processed payments, reviewed billing issues, policy changes for customers
- Educated customers on state auto requirements
- Transmission of insurance verification by fax, email, ups

October 2010 – February 2014

Bass Security, Bedford Hts., OH

Customer Service Representative:

- Responded to emergency service requested by customer's emails to hire and dispatch technicians to perform skilled locksmith, technical and alarm repairs for commercial businesses state and country wide
- Gained comprehensive knowledge of security systems like alarms, security door access, and close circuit security Cameras

May 1995 – August 2010

Euclid Senior Programs, City of Euclid, OH

Front Desk Manager:

- Managed Reception Desk and Lobby area
- Perform senior outreach services
- Organized and managed yearly senior snow removal, flu shot programs servicing up to 40 participants
- Developed and implemented senior participants program memberships
- Initiated cross-training with senior volunteers and title 5 workers on program's policies and procedures
- Met regularly with interdepartmental work groups to discuss policy issues and recommend service improvements
- Systematically increased programs organization by developing more efficient, filling/documenting system and customer database protocols

Transportation Coordinator:

- Supervisors to 8-person team of van drivers
- Coordinated, scheduled and dispatched senior transportation, servicing up to 120 senior daily
- Assisted with planning and execution of all activity events needing transportation
- Collaborated with staff members in order to formulate and implement a policy and procedure manual
- Created new procedures that streamlined operations, resolved concerns and improved efficiency
- thorough knowledge of federal rules and regulations related to public transit systems
- Ensured quality control of repairs and maintenance and safety condition of all vehicles
- Conducted accident damage assessments, processed vehicle accident reports
- Monitored and conducted safety audits to ensure that team members complied with administrative policies and procedures, safety rules and conducted weekly meeting with team members
- Conducted employee training sessions on Transporting the Disabled, Defensive Driving, First Aid
- Assisted Program Manager with transportation grant applications
- Exceptional quarterly audits reviews
- Monitored spending to ensure that expenses are consistent with approved budgets

EDUCATION AND LICENSE

Lakeland Community College

59 Credit hours of completed courses

Licensed Real Estate Agent

Notary Public



12650 DETROIT AVENUE ■ 44107 ■ 216-529-6075 ■ 216-529-6806

Reference No. BC-18-001

January 2, 2018

Board of Control
City of Lakewood, Ohio 44107

Subject: Award Contract – Prisoner Medical Services

Dear Members of the Board:

Based on a review conducted by the Division of Purchasing in conjunction with the Department of Public Safety – Division of Police, and the attached letter of recommendation, I am submitting for your consideration this request to award a requirement contract with First Choice Medical Staffing in an amount not to exceed \$30,000 to provide prisoner medical services as outlined in RFP No. 17-009. The service provides for the medical care of prisoners detained in the Lakewood City Jail. Initial contract effective January 1, 2018 through December 31, 2018 and includes (2) additional one-year renewal options.

First Choice Medical Staffing submitted the sole response for the services outlined in the Request for Proposal.

Contracting Authority: Ordinance 43-17 \$50,000
Contracting Balance: \$50,000 / \$20,000
Funding: General Fund
Account Distribution: 101-2030-441-30-06 \$
Account Balance: \$ / \$
Contract Approved by Law: Yes _____ / No _____ / PO _____ / C/C _____
Object Code: Human Related Services - Medical
Commodity Code: 948-055
Bid Reference: RFP 17-009


Kim Smith
Purchasing Manager

	Approved	Disapproved	Date
Joseph J. Beno PE, Director of Public Works		_____	<u>1/2/18</u>
Kevin M. Butler, Director of Law	_____	_____	_____
Jennifer Pae, Director of Finance		_____	<u>1/2/18</u>
Michael P. Summers, Mayor		_____	<u>1-2-18</u>



